

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9980**
Registrar's No. **2618**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Louis		a. STATE Illinois	b. COUNTY Macoupin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Stanton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 days		• STREET ADDRESS (If rural, give location) 429 W. Pennsylvania	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Fred	b. (Middle) Arthur	c. (Last) Dietiker	3 20 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 4, 1953	9. AGE (In years last birthday) 7	10. UNDER 1 YEAR 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Stanton Ill.	
13a. FATHER'S NAME Fred Corbett Dietiker			13b. MOTHER'S MAIDEN NAME Jo Ann Hansen		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ita Brien	
				ADDRESS 500 S. Kings Highway	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			DUE TO (b) _____		
			DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS		
			Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 49ix.	
22. I hereby certify that I attended the deceased from 3-15, 1954 , to 3-20, 1954 , that I last saw the deceased alive on 3-20, 1954 , and that death occurred at 4:45pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm H Klueber MD.			23b. ADDRESS Childrens Hospital		23c. DATE SIGNED 3-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-21-54	24c. NAME OF CEMETERY OR CREMATORY Stanton, Ill.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. MAR 22 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
				ADDRESS 4700 Washington Blvd.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Paul A. Wachtel

Licensed Embalmer No. *47*

P. O. Address *Hydrom...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.